



HOME OCCUPATION PERMIT APPLICATION

DCRA OFFICE OF THE ZONING ADMINISTRATOR
www.dcr.dc.gov

DATE:

The Zoning Regulations state in **11 DCMR 203.1 and 203.2** that the purpose of the home occupation provisions shall be to allow home occupations as accessory uses to residential uses; provided, that they are compatible with the residential neighborhood in which they are located. The intent is to protect residential areas from adverse effects of activities associated with home occupations, while permitting residents of the community the opportunity to use the home as a workplace and source of livelihood under specific regulatory conditions. For purposes of this section, a home occupation is a business, profession, or other economic activity conducted full-time or part-time in a dwelling unit that serves as the principal residence of the practitioner of the home occupation.

APPLICANT INFORMATION

☐ Mr.

☐ Ms.

1. Applicant's Name: Last _____ First _____ Middle _____

2. Residence Address: _____

Address #

Street Name

Apt #

Zip Code

PREMISE INFORMATION

3. Is the above address your principal place of residence ☐ Yes ☐ No

4. Applicant is the: ☐ Owner ☐ Tenant (Attach copy of driver's license)

4a. Premises indicated in question #3 is a:

- ☐ Owner-Occupied Single Family Dwelling ☐ Rented Apartment House Dwelling
☐ Condominium/Cooperative Dwelling ☐ Flat (two family dwelling)
☐ Rented Single Family Dwelling

ADDITIONAL APPLICANT INFORMATION

5. Number and relationship of persons residing with you:
 Spouse____ Parent____ Children____ Siblings____ In-Laws____ Other____

BUSINESS INFORMATION

6. This application is for (check the appropriate box below):

- ☐ Sole Proprietorship ☐ Corporation* ☐ Partnership** ☐ Limited Liability Company
☐ Limited Partnership ☐ Licensed Professional***

* Attach to this application a copy of your Articles of Incorporation, Listing of Corporate Officers, and Letter of Good Standing (obtainable from the Corporations Division on the second floor in this building).

** Indicate partner's Name: _____ in each form of business ownership listed above, *APPLICANT'S RESIDENCE* must be official premise for activities of proposed business enterprise.

*** Attach a photocopy of your license to practice your professions in the District of Columbia. Examples of Professions requiring Professional Licensure: e.g. Attorney, Medical Doctor, Dentist, Certified Public Accountant, Registered Nurse, Funeral Director, Real Estate Sales, Architects.

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7. Describe the proposed business you intend to operate: _____

8. Is this business sexually oriented? ☐ Yes ☐ No

9. Are you presently operating a business in your residence? ☐ Yes ☐ No

10. The DC Zoning Regulations allow for a maximum of 25 percent of the available floor area of your home to be used in the operation of your proposed business.

10a. What is the total square footage of your residence? _____sq. ft. (*Obtainable from the DC Office of Tax and Revenue*)

10b. What percentage of the available square feet in your residence will be used in the operation of your proposed business? _____%

10c. Will the proposed business utilize the basement or cellar? _____

11. Where on the premises will materials (if any) used in the proposed business be stored? _____

(Note: According to the Zoning Regulations 203.4 (b) a basement or cellar, shed, garage or other accessory structure cannot be used in the operation of a home-based business.)

12. What equipment will be used in the operation of your proposed business? (ex. personal computer, file cabinet, etc.) _____

13. Will the operation of your proposed business require any architectural or structural modifications to your residence?

☐ Yes ☐ No If "Yes", describe modifications: _____

14. The DC Zoning Regulations do not allow for employment of more than ONE non-resident employee in home-based business. How many non-family members will be employed in your proposed business? _____

15. Do any of these persons reside with you? ☐ Yes ☐ No If No, explain _____

16. How do you propose to notify the public of the services available from your home based business? _____

17. Will there be a sign posted on the proposed business premise? ☐ Yes ☐ No

If Yes, describe the placement of the sign, its size and the identifying information to be placed on sign:

Size _____ Information _____

(Note: 12 inches by 12 inches is the maximum allowable square footage)

18. Will the proposed business result in the creation of a product? ☐ Yes ☐ No

If Yes, briefly describe the product: _____

19. Will chemical compounds be used in the operation of your proposed business? ☐ Yes ☐ No

20. Indicate the proposed hours of operation of your business?

_____am to _____pm (hours) / _____to _____(days) (M-F) (Sat-Sun)

21. How many clients will be served on the premises within a one hour period? _____

22. How many vehicles will be used in the operation of your proposed business? _____

23. What type of parking will be provided for clients/visitors/employees of the proposed business? (check one)

☐ No Parking Provided ☐ Off Street Parking ☐ Street Parking

Please read 11 DCMR 203.8 for regulations regarding Bed & Breakfast Home Occupations:

24. Will you be operating a Bed & Breakfast business? ☐ Yes ☐ No If "Yes", submit a copy of your driver's license.

25. How many sleeping rooms are available for overnight guests: _____

26. How many meals will be served per day? _____

27. How many parking spaces are available? _____

Attach to the application a dimensioned DC Surveyor's Plat showing all existing structures and parking spaces for the applicant and guests of the bed and breakfast.

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ATTESTATION AND CERTIFICATION

I certify that the information provided on this application for a Home Occupation Permit is true to the best of my knowledge and belief. I further certify that I understand that any information provided on this application, pertaining to the business that I propose to conduct which is found to be false, will result in this application or resulting permit being voided.

Name of proposed business (as it is to appear on your Home Occupation Permit):

Applicant Printed Name _____

Applicant Signature _____

Daytime Telephone Number _____

Email Address _____

To the Applicant: A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING AND FINE YOU A MINIMUM OF \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE A CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996, EFFECTIVE MAY 11, 1996, DC LAW 11-118, DC CODE 47-2681 ET SEQ.

CERTIFICATION

I, _____ (print name), certify that as of _____ (date),
I do not owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed permanent to the Litter Control Administration Action of 1985, effective March 25, 1986 (DC Law 6-100; DC Code 6-2901 et seq.)
2. Fines, penalties or interest assessed permanent to the Illegal Dumping Enforcement Act of 1994, effective March 20, 1994 (DC Law 10-117; DC Code 6-2911 et seq.)
3. Fines, penalties or interest assessed permanent to the Department of Consumer and Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1986 (DC Law 6-42; DC Code 6-2701 et seq.)
4. Past Due District of Columbia Taxes

I understand that if I knowingly falsify this Certification, the Department will move to revoke the permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the validity of this certification.

I understand that this certification is now required as documentation to accompany my application for a license or permit, and that by completing the Certification, I am not guaranteed approval of this application for same.

Home occupations are non-transferrable from person to person and address to address.

Signature of Applicant

Title of Applicant

Date

OFFICIAL USE ONLY

Approved: Pursuant to DCMR Title II, Zoning Chapter 2, Accessory Uses (R-1) and 203 Home Occupation (R-1) the Zoning Administrator has determined that the Applicant has met all the conditions necessary for the issuance of a Home Occupation Permit, based on the information in this application and the administrative review process.

Approved Date _____

Denied: Pursuant to DCMR Title II, Zoning Chapter 2, Section 202 Accessory Uses and 203 Home Occupation, the Zoning Administrator has determined that while the Applicant appears to have met the conditions necessary for a Home Occupation Permit, the proposed business is inconsistent with the general purpose and intent of the zoning regulations for the following reason(s): _____

Denied Date _____

OFFICIAL USE ONLY**Pending Reasons:**

- ☐ A report from the Inspection Division is required
- ☐ Does not satisfy Section _____
- ☐ Articles of Incorporation required
- ☐ Copy of Professional License Required
- ☐ Signature of Applicant missing
- ☐ Square footage exceeds the max allowable according to Zoning Regulation
- ☐ More than one employee indicated on No. 14 of submitted application.
- ☐ Other _____